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PTO/SB/21 (04-07)
Approved for use through 09/30/2007. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 10/675,611

Filing Date September 29, 2003

First Named Inventor William J. Boyle et al.

Art Unit 3738

Examiner Name Christopher D. Prone

Attorney Docket Number ACSES 63641 (3386X)

Total Number of Pages in This Submission		Attorney Docket Numbe	r AC	CSES 63641 (3386X)	
	ENCLOS	URES (Check all that ap	ply)		
Fee Transmittal Form	Drawing((s)		After Allowance Communication to TC	
Fee Attached	Licensing	g-related Papers		Appeal Communication to Board of Appeals and Interferences	
Amendment / Reply	Petition		X	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
After Final		o Convert to a nal Application		Proprietary Information	
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address			Status Letter	
Extension of Time Request	Terminal Disclaimer			Other Enclosure(s) (please identify below):	
Express Abandonment Request	Request for Refund			Pre-Appeal Brief (w/ Exs. A-F) Postcard \$500.00 Check	
Information Disclosure Statement	CD, Number of CD(s)				
Certified Copy of Priority		Landscape Table on CD			
Document(s)	Remarks				
Reply to Missing Parts/ Incomplete Application	CUSTOMER NO. 24201				
Reply to Missing Parts under					
37 CFR 1.52 or 1.53					
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		NT, ATTORNEY, OR AGI	ENT		
Firm Name FULWIDER PATTO	N LLP				
Signature Chus Mi	yrr				
Printed name THOMAS H. MAJCHER					
Date September 6, 2007	Reg. N	lo. 31,1	19		

CERTIFICATE OF TRANSMISSION/MAILING

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PTO/SB/17 (07-07)

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FEE TRANSMITTAL For FY 2007

Applicant claims small entity status. See 37 CFR 1.27 \$500.00 TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known				
Application Number	10/675,611			
Filing Date	September 29, 2003			
First Named Inventor	William J. Boyle			
Examiner Name	Christopher D. Prone			
Art Unit	3738			
Attorney Docket No.	ACSES-63641 (3386X)			

METHOD OF PAYMEN	T (check all	that apply)					
Check Credit C	Card 🔲	Money Order	None	Other (please identify):		
Deposit Account Deposit Account Number: 06-2425 Deposit Account Name: FULWIDER PATTON LLP						R PATTON LLP	
For the above-identified d	eposit accoun	t, the Director is	hereby author	ized to: (check all t	hat apply)		
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee							
Charge a	ny additional f	ee(s) or any und	erpayments of	Credit a	ny overpayments	S	
WARNING: Information on the information and authorization	der 37 CFR 1.	become public.	Credit card i	nformation should	d not be include	ed on this form	Provide credit card
FEE CALCULATION	1011 - 10-203	·····				····	
1. BASIC FILING, SEARC	H. AND EX	AMINATION F	EES				
1. 5/10.0 1 12.110, 02.111	FILING F		SEARCH	IFEES	EXAMINA	TION FEES	
A collection Toma	Fac (\$)	Small Entity	E00 (\$)	Small Entity	E00 (\$)	Small Entity Fee (\$)	Fees Pald(\$)
Application Type Utility	Fee (\$) 300	<u>Fee (\$)</u> 150	<u>Fee (\$)</u> 500	<u>Fee (\$)</u> 250	<u>Fee (\$)</u> 200	100	rees raid(3)
	200	100	100	50	130	65	
Design	200	100	300	150	160	80	
Plant	300	150	500	250	600	300	
Reissue Provisional	200	100	0	0	0	0	
		100	Ū	Ū	v	U	
2. EXCESS CLAIM FEES						Fee (\$)	Small Entity Fee (\$)
Fee Description Each claim over 20 (include	lina Reissue	es)				50	25
Each independent claim ov						200	100
Multiple dependent claims	(g,				360	180
Manapio dopondoni diamio						Multiple D	ependent Claims
Total Claims	Extra Claim	s <u>Fee (\$)</u>		Fee Paid (\$)		Fee (\$)	Fee Pald (\$)
20 or HP =			<u> 50.00</u> =	\$0.00			
HP = highest number of total cl							
Indep. Claims - 3 or HP =	Extra Claim		00.00 =	Fee Paid (\$) \$0.00			
HP = highest number of indepe	ndent claims						
3. APPLICATION SIZE FE	ΞE				61		
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra She			h additional 50 or			
- 100 =	0	/ 50	0	(round up to a	a whole numb	er) x <u>\$250.00</u>	=
4. OTHER FEE(S)	6466 ((Fee Pald (\$)
Non-English specification, Other (e.g., late filing surch		(no small entit	y aiscount)				\$500.00
Outer (e.g., late ming surch	14190). ITUII	er or whhear					\$300.00

SUBMITTED BY						
Signature	Their	Hha	Registration No. (Attorney/Agent)	31,119	Telephone	310 824 5555
Name (Print/Type)		THO	MAS H. MAJCHER		Date	09/06/07

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